Crosswalk Management System

Report CROSSWALK TO STATE

Filename Acrobat PDFWriter

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Report Date 20-AUG-01 11:10

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Status: FN Substance Abuse and Mental Health Services Administration

Media ID: DCS458,690 Start Date: 01-JAN-90

End Date : Follow-up :

Wisconsin's Treatment Episode Data Set

Office of Applied Studies

Version: 1

$\mathbf{K} = \mathbf{k}$	Key Field	System			
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
1	System Transaction Type	-	System T Record	ransaction Type Added To Each	
K 2	State Code	WI	FIPS Cod	le Added To Each Record	
3	Reporting Date	-	Month A	nd Year Of Submission Added To	

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Wisconsin's Treatment Episode Data Set

Version: 1

No. Treatment Episode Data Set Value State System Data	K = Key Field Item			Minimum Item			Wiscon	<u>ınsin</u>
K 2 Client ID 3 Client ID K 3 Co-Dependent/Collateral at Admission 11 Co-Dependent/Collateral Not Collected Admission 2 No N No K 4 Client Transaction Type - - A Initial Admission A Initial Admission T Transfer/Change in Service K 5 Date of Admission - Start Date 6 Number of Prior Treatments - - 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4		Treatm	ent Episode Data Set	Item	Valı	ue	State System Data	
K 3 Co-Dependent/Collateral at Admission 2 No N No K 4 Client Transaction Type A Initial Admission T Transfer/Change in Service K 5 Date of Admission 6 Number of Prior Treatments 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	K 1	Pro	ovider ID	28	Prov	ider Nu	mber	
Admission No No K 4 Client Transaction Type - - A Initial Admission A Initial Admission T Transfer/Change in Service T Transfer/Change in Service K 5 Date of Admission - Start Date 6 Number of Prior Treatments - - 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4	K 2	Cli	ent ID	3	Clier	nt ID		
K 4 Client Transaction Type - - A Initial Admission A Initial Admission T Transfer/Change in Service T Transfer/Change in Service K 5 Date of Admission - Start Date 6 Number of Prior Treatments - - 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4	K 3			11	Со-Г	Depende	nt/Collateral Not Collected	
A Initial Admission T Transfer/Change in Service A Initial Admission T Transfer/Change in Service Start Date Number of Prior Treatments 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2	No		N	No		
K 5 Date of Admission - Start Date 6 Number of Prior Treatments - - 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4	K 4	Cli	ent Transaction Type	-	-			
K 5 Date of Admission - Start Date 6 Number of Prior Treatments - - 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4		A	Initial Admission		A	Initial	Admission	
6 Number of Prior Treatments 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T	Transfer/Change in Service	2	T	Transf	er/Change in Service	
0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4	K 5	Da	te of Admission	-	Start	t Date		
1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4	6	Nu	mber of Prior Treatments	-	-			
2 2 2 3 3 3 4 4 4		0	0		0	0		
3 3 4 4 4 4		1	1		1	1		
4 4 4		2	2		2	2		
		3	3		3	3		
5 Or More 5 5 or More		4	4		4	4		
		5	Or More		5	5 or M	Iore	

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Wisconsin's Treatment Episode Data Set Version: 1

K = Key Field	Minimum			<u>Wisconnsin</u>
Item	Item			
No Transfer and Emission de Date Cat		T 7 1	0, 0, 0, 0,	

7 Principal Source of Referral 01 Individual (self) 01 Individual (self) 02 Alcohol/Drug Abuse Provider 03 APDA Program (Alcohol and Other Drug Abuse) 03 Other Health Care Provider 04 School (education) 05 School, College 07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 09 Other Community Referral 00 Other Community Referral 01 Employer (EAP) 02 Family, Friend, or Guardian 03 APDA Program (Alcohol and Other Drug Abuse) 04 Hospital, Clinic, Physician, Health Agency 05 School, College 06 Court/IDP 07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 06 Other Community Referral 06 Other Community Referral 10 Employer (EAP) 11 County Social Services 12 County Human Services Department of Community Programs 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 6 Sex 2 Female F Female M Male	tem No.	Treatmen	nt Episode Data Set	Item	Valu	ne State System Data
01 Individual (self) 02 Family, Friend, or Guardian 02 Alcohol/Drug Abuse Provider 03 APDA Program (Alcohol and Other Drug Abuse) 03 Other Health Care Provider 04 Hospital, Clinic, Physician, Health Agency 04 School (education) 05 School, College 07 Court/Criminal Justice/DUI/DWI 06 Court/IDP 07 Court/Criminal Justice/DUI/DWI 07 Division of Motor Vehicles 07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 07 Court/Criminal Justice/DUI/DWI 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 10 Employer (EAP) 06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services	7	Prin	Principal Source of Referral		Referral Source	
O2 Alcohol/Drug Abuse Provider O3 APDA Program (Alcohol and Other Drug Abuse) O3 Other Health Care Provider O4 Hospital, Clinic, Physician, Health Agency O4 School (education) O5 School, College O7 Court/Criminal Justice/DUI/DWI O7 Court/Criminal Justice/DUI/DWI O7 Court/Criminal Justice/DUI/DWI O8 Probation/Parole O7 Court/Criminal Justice/DUI/DWI O9 Other Criminal Justice And Law Enforcement O5 Employer/EAP O6 Other Community Referral O6 Other Community Referral O7 Other Community Referral O8 Other Community Referral O9 Other Social Services		01	Individual (self)		01	Self
Drug Abuse) Other Health Care Provider Other Hospital, Clinic, Physician, Health Agency Other Court/Criminal Justice/DUI/DWI Of Other Community Referral Of Courty Social Services Of Other Community Referral Of County Human Services Department of Community Programs Of Other Community Referral Of Other Social Services Sex F Female		01	Individual (self)		02	Family, Friend, or Guardian
Agency 04 School (education) 05 School, College 07 Court/Criminal Justice/DUI/DWI 07 Court/Criminal Justice/DUI/DWI 07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 06 Other Community Referral 06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 11 To unity Programs 12 County Human Services Department of Community Programs 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 6 Sex 2 Female		02	Alcohol/Drug Abuse Provider		03	<u> </u>
07 Court/Criminal Justice/DUI/DWI 06 Court/IDP 07 Court/Criminal Justice/DUI/DWI 07 Division of Motor Vehicles 07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 07 Court/Criminal Justice/DUI/DWI 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 10 Employer (EAP) 06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 6 Sex 2 Female F Female		03	Other Health Care Provider		04	
07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 07 Court/Criminal Justice/DUI/DWI 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 10 Employer (EAP) 06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 6 Sex 2 Female F Female		04	School (education)		05	School, College
07 Court/Criminal Justice/DUI/DWI 08 Probation/Parole 07 Court/Criminal Justice/DUI/DWI 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 10 Employer (EAP) 06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 6 Sex 2 Female F Female		07	Court/Criminal Justice/DUI/DWI		06	Court/IDP
07 Court/Criminal Justice/DUI/DWI 09 Other Criminal Justice And Law Enforcement 05 Employer/EAP 10 Employer (EAP) 06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 2 Female F Female		07	Court/Criminal Justice/DUI/DWI		07	Division of Motor Vehicles
Enforcement 05 Employer/EAP 06 Other Community Referral 06 Other Community Referral 11 County Social Services 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 6 Sex 2 Female F Female		07	Court/Criminal Justice/DUI/DWI		08	Probation/Parole
06 Other Community Referral 11 County Social Services 06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 2 Female F Female		07	Court/Criminal Justice/DUI/DWI		09	
06 Other Community Referral 12 County Human Services Department of Community Programs 06 Other Community Referral 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 2 Female F Female		05	Employer/EAP		10	Employer (EAP)
Community Programs 13 IV Drug Outreach Worker/HIV-AIDS (Milwaukee) 06 Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 2 Female F Female		06	Other Community Referral		11	County Social Services
Milwaukee) Of Other Community Referral 14 Other Social Services 8 Date of Birth 5 Birthdate 9 Sex 2 Female F Female		06	Other Community Referral		12	County Human Services Department of Community Programs
8 Date of Birth 5 Birthdate 9 Sex 6 Sex F Female		06	Other Community Referral		13	
9 Sex 6 Sex 2 Female F Female		06	Other Community Referral		14	Other Social Services
2 Female F Female	8	Date	e of Birth	5	Birth	adate
	9	Sex		6	Sex	
1 Male M Male		2	Female		F	Female
		1	Male		M	Male

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K = Key Field Item		eld	Mi	nimum Item			Wisconnsin
No.			t Episode Data Set	пеш	Value	e State System Data	
1	0	Race		7	Ethni	city	
		03	Asian or Pacific Islander		A	Asian or Pacific Islander	
		04	Black		В	Black	
		20	Other		Н	Hispanic	
		02	American Indian		I	American Indian	
		05	White		W	White	
		13	Asian				
		23	Native Hawaiians or Other Paci Islanders	fic			
1	1	Ethnicity		-	Race		
		05	Not of Hispanic Origin		A	Asian or Pacific Islander	
		05	Not of Hispanic Origin		В	Black	
		04	Other Hispanic		Н	Hispanic	
		05	Not of Hispanic Origin		I	American Indian	
		05	Not of Hispanic Origin		W	White	
1	2	Educ	ation	13	Educa	ntion At Time Of Admission	
		01- 25	Highest School Grade in Numb of Years (12=GED)	er	01-11	Highest Grade Completed	
		01- 25	Highest School Grade in Numb of Years (12=GED)	er	12	High School Diploma or GED)
		01- 25	Highest School Grade in Numb of Years (12=GED)	er	14	Some College or Vocational/I School	Cechnical
		01- 25	Highest School Grade in Numb of Years (12=GED)	er	16	Bachelors Degree	
		01- 25	Highest School Grade in Numb of Years (12=GED)	er	18	Advanced Degree	

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	K = Key Field Min			<u>Wiscon</u> .		
Item No.	Treatm	ent Episode Data Set	Item	Valı	ue State System Data	
1	3 En	ployment Status	14	Emp	loyment	
	01	Full Time		1	Full Time 35 or More Hours Per Week	
	02	Part Time		2	Part Time Less Than 35 Hours Per Week	
	03	Unemployed		3	Unemployed Looking For Work In The Past 30 Days	
	04	Not in Labor Force		4	Unemployed (Not Looking For Work In the Past 30 Days)	
	04	Not in Labor Force		5	Not In Labor Force	
1	4 Su	bstance Problem Codes	22	Subs	stance Problem, Primary, Secondary,	
	01	None		01	None	
	02	Alcohol		02	Alcohol	
	03	Cocaine, Crack		03	Cocaine/Crack	
	04	Marijuana, Hashish, THC		04	Marijuana/Hashish/Cannabis/THC	
	05	Heroin		05	Heroin	
	06	Non-Prescription Methadone		06	Non-Prescription Methadone	
	07	Other Opiates and Synthetics		07	Dilaudid/Hydromorphone	
	07	Other Opiates and Synthetics		08	Other Opiates and Synthetics	
	08	PCP		09	PCP	
	09	Other Hallucinogens		10	LSD	
	09	Other Hallucinogens		11	Other Hallucinogens	
	10	Methamphetamines		12	Methamphetamines/ICE	
	11	Other Amphetamines		13	Other Amphetamines	
	12	Other Stimulants		14	Other Stimulants	
	13	Benzodiazepines		15	Benzodiazepines	
	14	Other Tranquilizers		16	Other Tranquilizers	
	15	Barbiturates		17	Barbiturates	
	16	Other Sedatives or Hypnotics		18	Other Non-Barbiturate Sedatives or Hypnotics	
	17	Inhalants		19	Inhalants	
	18	Over-the-Counter		20	Over The Counter	
	20	Other		21	Other	

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•		Minimum		Wisco	onn	
Item No.			Item	Valu	ne State System Data	
15	5 Usu	al Route of Administration	23	Usual	l Route of Administration	
	01	Oral		1	Oral	
	02	Smoking		2	Smoking	
	03	Inhalation		3	Inhalation	
	04	Injection (IV or intramuscula	r)	4	Injection (IV or Intramuscular)	
	20	Other		5	Other	
10	6 Free	quency of Use	24	Use F	requency	
	01	No past month use		1	No Use in Past Month	
	02	1-3 times in past month		2	1-3 Times In Past Month (Less Often Than Once A Week)	l
	03	1-2 times per week		3	1-2 Times Per Week	
	04	3-6 times per week		4	3-6 Times Per Week	
	05	Daily		5	Daily	
17	U	of First Use or Alcohol exication	25	_	of First Drug Use or Alcohol ication	
K 18	8 Serv	vices	26	Stand	dard Program Category/Subprogram	
	03	Hospital (other than detox)		50310	O Hospital Based Inpatient	
	04	Short-term, <=30 days		50320	O Hospital Affiliated Inpatient CBRF	
	04	Short-term, <=30 days		50330	O Non Affiliated Inpatient CBRF	
	05	Long-term, >30 days		504	Child Care Institution	
	05	Long-term, >30 days		506	CBRF License, Not Inpatient Certifie	d
	07	Outpatient		50710	O Outpatient	
	01	Hospital Inpatient		703	Hospital Detox	
	06	Intensive Outpatient		704	Day Treatment Medical	
	02	Free-standing Residential		705	Social Setting Detoxification	
	06	Intensive Outpatient		706	Day Center Services Non-Medical	

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Wisconsin's Treatment Episode Data Set

Version: 1

	Key Field	Optional	<u>Wisconnsin</u>
Item No.	Treatment Episode Data Set	Item	Value State System Data
1	Detail Drug Code, Primary	-	Not Collected
	9998 Not Collected		9998 9998
2	Detail Drug Code, Secondary	-	Not Collected
3	Detail Drug Code, Tertiary	-	Not Collected
4	Substance Abuse Diagnosis Base DSM III-R Criteria	ed on -	Not Collected
	999. Not Collected 98		999.9 999.98 8
5	Psychiatric Problem in Addition Alcohol or Drug Problem	ı to -	Not Collected
	8 Uncollected		8 8
6	Pregnant at Time of Admission	16	Pregnant At Time Of Current Service
	2 No		N No
	1 Yes		Y Yes
7	Veteran Status	-	Not Collected
	8 Not Collected		8 8
8	Living Arrangements	-	Not Collected
	98 Not Collected		98 98
9	Primary Source of Income or Su	ıpport -	Not Collected
	98 Not Collected		98 98

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K = Key Field Opti		ional Item		Wisconnsin
No. Tr	Treatment Episode Data Set		Value State System Data	
10	Health Insurance	-	Not Collected	
	98 Not Collected		98 98	
11	Expected Primary Source of Payment for This Treatment Episode	t -	Not Collected	
	98 Not Collected		98 98	
12	Detailed Not in Labor Force	-	Not Collected	
	98 Not Collected		98 98	
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
	98 Not Collected		98 98	
14	Marital Status	-	Not Collected	
	98 Not Collected		98 98	
15	Time Waiting to Enter Treatment	-	Not Collected	
	998 Not Collected		998 998	

Crosswalk Management System REPORT CROSSWALK TO STATE

End of Report